U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

1. File Number U - 3 2 12 2

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: [2 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Charles J HARVII	Name Coerc Union 1456 Dockbuilders
	Labor Organization File Number [032 역기 고
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 444 STARIGHT De.	Street 395 Hudson ST
City EYAPhauk	city New York
State New YORK ZIP Code + 4 11967	State New YORK ZIP Code + 4 10014
5. Position in labor organization. Resident	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with or derived income or other economic honeft of	
monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name ASSOCIATION OF WALL-CELLING APPENTED	ANNUAL CUNEL 96.00
Industries of New YORL Trade Name, if any:	MR. B COUSTANA CUNCH 32.00
P.O. Box, Bldg., Room No., if any	Cuent To discuss ways To Advance The
Street [] J J Jericho Turnpiko SviTe 301	T.b. Amount. 1 COSTEG
city Jericha Area	128:00
State New 402 ZIP Code + 4 11753	
Signature Charles / Hash	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Charles Mark.	on 8-1505 212-989-2284
	Date Telephone Number